

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM707132

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	MERGER
EFFECTIVE DATE:	12/31/2021

CONVEYING PARTY DATA

Name	Formerly	Execution Date	Entity Type
FIRST DATA PROCESSING, INC.		12/31/2021	Corporation: DELAWARE

RECEIVING PARTY DATA

Name:	Concord Transaction Services, LLC
Street Address:	255 Fiserv Drive
City:	Brookfield
State/Country:	WISCONSIN
Postal Code:	53045
Entity Type:	Limited Liability Company: COLORADO

PROPERTY NUMBERS Total: 2

Property Type	Number	Word Mark
Registration Number:	1932626	CASH STATION
Registration Number:	1932625	CASH STATION

CORRESPONDENCE DATA

Fax Number: 4142770656
Correspondence will be sent to the e-mail address first; if that is unsuccessful, it will be sent using a fax number, if provided; if that is unsuccessful, it will be sent via US Mail.
Phone: 984-220-8750
Email: jltrem1@michaelbest.com
Correspondent Name: Emily M. Haas, Michael Best & Friedrich
Address Line 1: 444 W. Lake Street, Suite 3200
Address Line 4: Chicago, ILLINOIS 60606

NAME OF SUBMITTER:	Jaime Trem1
SIGNATURE:	/jaime trem1/
DATE SIGNED:	02/08/2022

Total Attachments: 5

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Document processing fee

If document is filed on paper

\$150.00

If document is filed electronically

Currently Not Available

Fees & forms/cover sheets are subject to change.

To file electronically, access instructions for this form/cover sheet and other information or print copies of filed documents, visit www.sos.state.co.us and select Business.

Paper documents must be typewritten or machine printed.

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\$300.00

SECRETARY OF STATE

12/27/2021 15:22:32

ABOVE SPACE FOR OFFICE USE ONLY

Statement of Merger (Surviving Entity is a Domestic Entity) filed pursuant to § 7-90-203.7 of the Colorado Revised Statutes (C.R.S.)

1. For each merging entity, its ID number (if applicable), entity name or true name, form of entity, jurisdiction under the law of which it is formed, and principal address are

ID Number, Entity name or true name, Form of entity, Jurisdiction, Street address, Mailing address. Includes fields for Concord Payment Services, Inc. and Concord Computing Corporation with various address and jurisdiction details.

ID Number, Entity name or true name, Form of entity, Jurisdiction. Includes fields for Concord Computing Corporation with jurisdiction details.

Street address 255 Fiserv Drive
(Street number and name)

Brookfield WI 53045
(City) (State) (ZIP/Postal Code)

United States
(Country)

(Province - if applicable)

Mailing address PO Box 979
(leave blank if same as street address) (Street number and name or Post Office Box information)

Brookfield WI 53008
(City) (State) (ZIP/Postal Code)

United States
(Country)

(Province - if applicable)

ID Number _____
(Colorado Secretary of State ID number)

Entity name or true name First Data Processing, Inc.

Form of entity Foreign Corporation

Jurisdiction Delaware

Street address 255 Fiserv Drive
(Street number and name)

Brookfield WI 53045
(City) (State) (ZIP/Postal Code)

United States
(Country)

(Province - if applicable)

Mailing address PO Box 979
(leave blank if same as street address) (Street number and name or Post Office Box information)

Brookfield WI 53008
(City) (State) (ZIP/Postal Code)

United States
(Country)

(Province - if applicable)

(If the following statement applies, adopt the statement by marking the box and include an attachment.)
 There are more than three merging entities and the ID number (if applicable), entity name or true name, form of entity, jurisdiction under the law of which it is formed, and the principal address of each additional merging entity is stated in an attachment.

2. For the surviving entity, its entity ID number (if applicable), entity name or true name, form of entity, jurisdiction under the law of which it is formed, and principal address are

ID Number 20031278558
(Colorado Secretary of State ID number)

Entity name or true name Concord Transaction Services, LLC

Form of entity LLC

Jurisdiction Colorado

Street address 255 Fiserv Drive
(Street number and name)

Brookfield WI 53045
(City) (State) (ZIP/Postal Code)
United States
(Province - if applicable) (Country)

Mailing address PO Box 979
(leave blank if same as street address) (Street number and name or Post Office Box information)

Brookfield WI 53008
(City) (State) (ZIP/Postal Code)
United States
(Province - if applicable) (Country)

3. Each merging entity has been merged into the surviving entity.

4. *(If the following statement applies, adopt the statement by marking the box.)*

The plan of merger provides for amendments to a constituent filed document of the surviving entity and an appropriate statement of change or other document effecting the amendments will be delivered to the Secretary of State for filing pursuant to Part 3 of Article 90 of Title 7, C.R.S.

5. *(If the following statement applies, adopt the statement by marking the box and state the appropriate document number(s).)*

One or more of the merging entities is a registrant of a trademark described in a filed document in the records of the secretary of state and the document number of each filed document is

Document number _____
Document number _____
Document number _____

(If the following statement applies, adopt the statement by marking the box and include an attachment.)

There are more than three trademarks and the document number of each additional trademark is stated in an attachment.

6. *(If applicable, adopt the following statement by marking the box and include an attachment.)*

This document contains additional information as provided by law.

7. *(Caution: Leave blank if the document does not have a delayed effective date. Stating a delayed effective date has significant legal consequences. Read instructions before entering a date.)*

(If the following statement applies, adopt the statement by entering a date and, if applicable, time using the required format.)
The delayed effective date and, if applicable, time of this document are 12/31/2021
(mm/dd/yyyy hour:minute am/pm)

Notice:

Causing this document to be delivered to the Secretary of State for filing shall constitute the affirmation or acknowledgment of each individual causing such delivery, under penalties of perjury, that such document is such individual's act and deed, or that such individual in good faith believes such document is the act and deed of the person on whose behalf such individual is causing such document to be delivered for filing, taken in conformity with the requirements of part 3 of article 90 of title 7, C.R.S. and, if applicable, the constituent documents and the organic statutes, and that such individual in good faith believes the facts stated in such document are true and such document complies with the requirements of that Part, the constituent documents, and the organic statutes.

This perjury notice applies to each individual who causes this document to be delivered to the Secretary of State, whether or not such individual is identified in this document as one who has caused it to be delivered.

8. The true name and mailing address of the individual causing this document to be delivered for filing are

Nelson	Eric	C.	
<small>(Last)</small>	<small>(First)</small>	<small>(Middle)</small>	<small>(Suffix)</small>
PO Box 979			
<small>(Street number and name or Post Office Box information)</small>			
<hr/>			
Brookfield	WI	53008	
<small>(City)</small>	<small>(State)</small>	<small>(ZIP/Postal Code)</small>	
United States			
<small>(Province - if applicable)</small>		<small>(Country)</small>	

(If applicable, adopt the following statement by marking the box and include an attachment.)
This document contains the true name and mailing address of one or more additional individuals causing the document to be delivered for filing.

Disclaimer:

This form/cover sheet, and any related instructions, are not intended to provide legal, business or tax advice, and are furnished without representation or warranty. While this form/cover sheet is believed to satisfy minimum legal requirements as of its revision date, compliance with applicable law, as the same may be amended from time to time, remains the responsibility of the user of this form/cover sheet. Questions should be addressed to the user's legal, business or tax advisor(s).

ADDITIONAL MERGING ENTITY

Name	Form of entity	Jurisdiction	Street Address	Mailing Address
Star Networks, Inc.	Foreign Corporation	Delaware	255 Fiserv Drive Brookfield, WI 53045 United States	PO Box 979 Brookfield, WI 53008 United States